

STATE OF NEW HAMPSHIRE

2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 24 2017

I. Name of Lobbyist(s) _	Kayla Montgome	ery		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's pa	rtnership, firm or	corporation, if an	v:	THE STATE
Planned Parenthood	- '	•	•	
(Name o	f partnership, firm or	corporation)		
19 Law Ava		Concord	NH	03301
18 Low Ave Business Address: (Street))	(Town/City)	(State)	(Zip Code)
(603) 674-83712 (Telephone)	()(Fax)	e-mail <u>Kayla.mo</u>	ontgomery@ppnne.org
III. This statement cover reportable expense trans				nay file a separate report for
_	_	e months prior to th	ne reporting date relative to	the following client:
Planned Parenthood	NH Action Fund			
	full Name of Client as	it appears on the Lob	byist Registration Form)	
OR ☐ All reportable transacts unrelated to any particular		(including the lobb	yist's family), or the lobbyi	ng firm listed below which are
	April 27, 2016 🗍 From date of registrati	on to 3/31/16	July 27, 2016 activity from 4/1/16 to 6/30/1	16
	October 27, 2016 5 Noity from 7/1/16 to 9/1		January 25, 2017 activity from 10/1/16 to 12/3	
V. There have been no If this box is checked, con Concord, NH 03301.	o fees received an aplete just this form	d no reportable and submit it to the	transactions made since Secretary of State's Office,	the last report. □ State House, Room 204,
VI. Check if additional 1	eports are attache	d:		
	-		e Addendum A- Fees and	Expenses
Expense Reimbursement			ı must file Addendum B – F	
☐ If you, your firm, or y	our family has mad	le political contribu	tions, you must file Addenc	lum C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C a	nd RSA 664 and he	reby swear or affirm that the	e foregoing information is true
(Signature of lobbyist)	latyon		10.24.17	Date)
Kayla Montgomery (Print Name of lobbyist)			V.	•

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

L Name of Labbuigg(s) Kayla Montgomery	
1. Name of Loubyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Planned Parenthood NH Action Fund (Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The greduced by any expenses:	ent relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 266.00 (Prorate salary/hour
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	b) \$ 4,184.00 year)
c) Total of all fees received to date (Add lines a and b)	c) \$4,450.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example, lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobb (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with veceremonial object to be given to the subject of lobbying with a value greatest aurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	h client and if expenditures are made by t may be filed for the lobbyist(s)/firm the aggregate total of all expenses paid expenses; (b) the aggregate total of all nple: meals purchased during a business less than \$10 that is given to the person bied with a value of \$25.00 or less); and exporting period of greater than \$25.00 for alue of greater than \$25, purchase of ater than \$25, but not greater than \$50 ms, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$0
in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$0
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$0
f) Total of all expenses year to date	f) \$0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keeperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	n that the foregoing information
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n mat the foregoing information
(Signature of lobbyist)	10.24.17 (Date)
Kayla M. Montgomery (Print Name of lobbyist)	